

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/937 991

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51								
2		1					52								
3		2					53								
4		1					54								
5		1					55								
6		1					56								
7							57								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	3						TOTAL DEP.								
TOTAL CLAIMS	4						TOTAL CLAIMS								